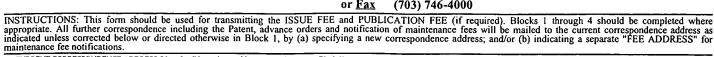
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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7590

03/18/2004

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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/922,330	08/03/2001	Katsumi Kato	9281-4143	7301

TITLE OF INVENTION: CONTROLLER CAPABLE OF OPERATING PLURAL OPERATION OBJECTS BY SWITCHING DISPLAY OF OPERATION SURFACE OF **OPERATION MEMBER** 

APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	1	\$300	\$1630	06/18/2004
EXAN	MINER	ART UN	IT	CLASS-SUBCLASS	7 .	
HESS, D	ANIEL A	2876		235-462450	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names of agents OR firm (havi agent) and	ting on the patent front page up to 3 registered patent; , alternatively, (2) the name ng as a member a registered the names of up to 2 register or agents. If no name is listered.	attorneys or control of a single lattorney or stered patent	NKS HOFER SON & LIONE

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

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4a. The following fee(s) are enclosed		4b. Payment of Fee(s):				<u> </u>
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